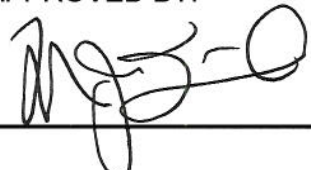




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT SECURITY/SAFETY/ THREAT MANAGEMENT & VIOLENCE PREVENTION	POLICY NO. 308.01	EFFECTIVE DATE 02/24/2014	PAGE 1 of 9
APPROVED BY:  Director	SUPERSEDES N/A	ORIGINAL ISSUE DATE 2/01/1999	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish a policy and procedures to facilitate proper handling and reporting of potential acts or threats of violence by Los Angeles County–Department of Mental Health (LAC-DMH or Department) employees or others.
- 1.2 To establish procedures for responding to and prompt reporting of security incidents occurring at LAC-DMH facilities or directly affecting departmental consumers, employees, visitors, or County property.
- 1.3 To establish a Department wide protocol, based on the California Occupational and Safety Health Administration (CAL-OSHA) guidelines (Authority 1) that:
 - 1.3.1 promotes security/safety;
 - 1.3.2 prevents violence in the workplace; and
 - 1.3.3 is focused on maintaining the safety of all staff, consumers, and visitors. This includes educating and training employees to look for problematic behaviors or indicators that may lead to workplace violence.

POLICY

- 2.1 LAC-DMH is committed to ensuring that the Departmental Illness and Injury Prevention Plan (IIPP) and other policies and procedures involving workplace safety and security are clearly communicated by supervisors and managers to all employees (Authority 2).
 - 2.1.1 Communication of safety, health and security concerns between employees, supervisors, and managers shall be posted or distributed as outlined in the Department's IIPP Manual (Reference 1), Communication section. This includes reporting instructions to inform management about workplace security hazards. LAC-DMH employees who become aware of any event which compromises security or safety



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of a patient, visitor, employee, or County property shall immediately report it to their supervisors.

- 2.1.2 LAC-DMH Departmental Health and Safety Officer (DHSO) and/or Security Coordinator will provide training programs designed to address specific aspects of workplace security such as workplace violence prevention (including non-violent conflict resolution methods); stress reduction/management; human relations skills; managers'/supervisors' style of motivation/management, etc.
- 2.1.3 Supervisors and managers shall also provide training and/or consultation with the DMH-Human Resources Bureau (HRB) Performance Management Unit about corrective action for employees who fail to comply with work practices designed to ensure workplace security.
- 2.1.4 Employees who fail to comply with workplace security practices, directives, policies and procedures, may be subject to administrative action consistent with the Employee Evaluation and Discipline Guidelines (EE&DG) (Reference 2).
- 2.2 Employees, including supervisors and managers, shall comply with work practices that are designed to make the workplace more secure and shall not engage in verbal threats or physical actions which create a security hazard for others in the workplace. Refer to [DMH Policy No. 605.4, Violence and Threats of Violence by LAC-DMH Employees](#) (Reference 3) for definitions of violent conduct or acts by LAC-DMH employees.
- 2.3 A Security Incident Report (SIR) shall be completed and submitted for physical or verbal threats of violence against employees on LAC-DMH premises (see Section 3.2 below and the link to the SIR) (Attachment 1).
 - 2.3.1 The SIR has been developed by LAC-DMH to document and report physical or verbal threats of violence against consumers, employees, and/or visitors on LAC-DMH premises. Managers, supervisors, and/or staff must document physical or verbal threats and violence on the [SIR](#) (Attachment 1).



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- 2.4 Each facility, including Headquarters offices, shall designate and maintain a Clinic Based/Facility Safety Officer to oversee and facilitate security related issues. A Departmental Health and Safety Committee shall meet regularly to support and implement Clinic Based/Facility Safety Officer oversight responsibilities.
- 2.4.1 The Clinic Based/Facility Safety Officer and safety committee are responsible for:
- 2.4.1.1 Reviewing the results of periodic scheduled workplace security inspections and investigations of workplace violence and making suggestions to management for the prevention of future incidents.
- 2.4.1.2 Reviewing threats and incidents and submitting recommendations to management to assist in the evaluation, training, and counseling of employees.
- 2.5 Each facility will develop written Building Security Procedures for visitors, requiring all employees, supervisors and managers to wear their LAC-DMH issued Identification (ID) badges at all times when on County property, consistent with [DMH Policy 609.04, Identification \(ID\) Card Usage, Replacement, and Collection](#) (Reference 4).
- 2.5.1 Visitors must enter through the front lobby, complete the information specified in a Visitor Sign-In Log, attach a Visitor badge to his/her clothing, above the waistline, and wait to be escorted into other areas by an authorized employee.
- 2.5.1.1 Friends or relatives of staff will not be permitted on County or County-leased premises without the consent/approval of the Bureau/Division/Clinic Manager.
- 2.5.2 The visitor must be escorted by an employee who will be responsible for escorting the visitor to the front lobby when the visit is finished. The visitor can be escorted by the employee with whom they have an appointment.



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- 2.6 Management at each facility shall be responsible for handling employees' acts or threats of violence (as outlined in DMH Policy No. 605.04, Violence and Threats of Violence by LAC-DMH Employees [Authority 3]). The Manager or staff from the Performance Management Unit will notify the DHSO of any employees who have been terminated, suspended, or not allowed into a facility due to threats, violent acts, etc. The DHSO will notify the DMH Security Coordinator who will then notify the Sheriff Security Officer and/or Contract Security Guards at the facility, provide a photo ID of the employee and instruct them that, if such an individual is seen on the grounds of the facility or attempts to enter the facility, they shall immediately:
- 2.6.1 Prohibit the individual from entering the workplace;
 - 2.6.2 Call for police backup to escort the individual from the facility; and
 - 2.6.3 Notify the manager and DMH Security Coordinator that the individual attempted to enter the workplace.
- 2.7 The Clinic Based/Facility Safety Officer serves as the central point of his/her assigned facility for submission of safety/security reports and is responsible for computation and maintenance of data related to such reports. Management reports are provided to Executive Management Team on a quarterly basis. The Clinic Based/Facility Safety Officer and Office of Security Management (OSM), Chief Executive Office, can provide support and intervention and are available to answer any procedural questions.

PROCEDURE

- 3.1 A SIR shall be completed whenever, but not limited to, any of the following occurrences at a LAC-DMH facility. In addition, a call shall be placed to the DMH-HRB, Performance Management Unit, to inform them of the incident.
- 3.1.1 Verbally abusive or threatening language or behavior toward another employee, a supervisor, or any other person on LAC-DMH premises;
 - 3.1.2 Unauthorized entrance to County premises during non-scheduled working hours or entrance into unauthorized areas during regular working hours;



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- 3.1.3 Any verbal threats or physical acts of arson, robbery, rape, vandalism, etc.;
- 3.1.4 Any incident that places On-Duty County employees at risk of becoming a victim of violence and/or crime;
- 3.1.5 Any incident on County property, or that places County property at risk, including incidents which require action by law enforcement, Sheriff Security Officer or contract security guard (whether they were summoned or not); and
- 3.1.6 Any employee-related acts of violence specified in DMH Policy No. 605.04 (Reference 3).
- 3.2 The SIR shall be completed by the person directly involved in the incident and manager or Clinic Based/Facility Safety Officer. The SIR shall be faxed to the Clinic Based/Facility Safety Officer, the DHSO, and OSM along with a cover memo briefly stating the circumstances of the incident. **A SIR must be submitted no later than the end of business on the day following the incident. In addition to completing a SIR as in 3.1 above, a follow-up telephone call shall be made by the manager/designee to the Clinic Based/Facility Safety Officer to briefly describe the situation and begin necessary precautions.**
- 3.3 Threat Management
 - 3.3.1 The manager shall perform the following to protect employees from threats or retaliation by former employees as discussed in Section 2.7 above:
 - 3.3.1.1 Notify DMH-HRB and fellow employees of a former employee's threats;
 - 3.3.1.2 Require any discharged employees to obtain special permission from management to return to the facility for any purpose, including provisions for terminated employees to follow-up with the DMH-HRB regarding returning keys, ID badge, and final pay warrant per



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[DMH Policy No. 500.48, County Property and Systems Access Clearance for Terminations and Interdepartmental Transfers](#)
(Authority 4).

3.3.1.3 Call and report any acts or threats of violence made by a discharged or current employee to:

- The Clinic Based/Facility Safety Officer who will begin documentation which includes a log of events, notification, and any contacts initiated and maintained by the designated person at the facility;
- The DHSO for assessment to determine if additional steps and notifications are needed and for record-keeping;
- OSM staff for assistance in determining if the threat elements of Penal Code (PC) 422 (threats of violence), PC 646.9 (stalking), and PC 601 (felony trespassing) have been met (Reference 5); and
- The DMH-HRB Performance Management Unit who will work with the manager with regard to corrective action in compliance with the EE&DG (Reference 2).

3.3.2 Threats by clients toward an employee: Staff shall report client threats to a manager/designee. The manager/designee shall carefully assess the client(s) to determine the nature and seriousness of the threats. The manager/designee is to determine all of the interventions necessary to ensure staff and client safety. The therapeutic nature of the services provided should be preserved to the extent possible.

3.3.2.1 The manager/designee shall:

- Ensure that the employee is notified of the threat;



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- Immediately discuss the situation with all relevant parties to determine the seriousness of the threat;
- Consider the range of interventions that would, when possible, both address the provision of therapeutic services and resolve the security concern;
- In situations where the manager/designee determines that the security concern cannot be adequately resolved through clinical intervention, notify security personnel, the Clinic Based/Facility Safety Officer, OSM and the district chief of the threat,
- Fax a SIR to the DHSO and OSM as in 3.2 above.
- The DHSO and Clinic-Based Facility Safety Officer should also be contacted by phone to explain the situation; and
- In situations in which the threatening client is physically within the clinic, immediately contact Security Personnel and local law enforcement.

3.3.2.2 The DHSO and Clinic Based/Facility Safety Officer shall assist the manager in initiating a safety/security plan which shall include:

- Offering an alternative worksite to the employee;
- Taking extra security measures such as having security personnel escort the threatened employee and other concerned staff to and from their vehicles;
- In consultation with the manager and/or District Chief, assigning a point person at the clinic for communications with the client,



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- In consultation with the manager/and or District Chief, consider DMH Policy No. 202.30, Mutual and Unilateral Termination of Mental Health Services (Reference 6) and, if indicated, transfer the client to another clinician at the clinic or another clinic/agency in the Service Area or County;
 - Consult with OSM staff for assistance in determining if the threat elements of Penal Code (PC) 422 (threats of violence), PC 646.9 (stalking) and PC 601 (felony trespassing) have been met (Reference 5);
 - Consult with OSM staff and, in conjunction with the manager, assist the threatened employee in identifying his/her options which may include:
 - Filing a police report; and
 - If indicated by the nature of the threat and in conjunction with OSM, County Counsel, and the Crisis Management Team (See IIPP Section VII, C.) determining other legal options such as a temporary restraining order.
 - Maintain documentation which includes a log of events, notification, and any contacts initiated and maintained by the designated person at the facility.
- 3.3.3 The clinic manager is responsible for contacting local police where deemed appropriate (e.g., for theft, a police report is necessary to substantiate a request for replacement of such items).
- 3.3.4 Along with the SIR form, the following forms should be used as appropriate: Clinical Incident Report, Accident Investigative Report, Employer's Report of Occupational Injury or Illness, etc.



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3.3.5 Any violation by employees of any of the rules set forth in this policy, or other action(s) taken contrary to the LAC-DMH's best interest, will be sufficient grounds for corrective action in accordance with the EE&DG.

REFERENCES

1. LAC-DMH Illness & Injury Prevention Program Manual
2. DMH Employee Evaluation And Discipline Guidelines
3. [DMH Policy No. 605.4, Violence and Threats of Violence by DMH Employees](#)
4. [DMH Policy No. 609.04, Identification \(ID\) Card Usage, Replacement, and Collection](#)
5. Penal Code (PC) 422 (threats of violence), PC 646.9 (stalking), and PC 601 (felony trespassing)
6. DMH Policy No. 202.30, Mutual and Unilateral Termination of Mental Health Services

AUTHORITY

1. CAL-OSHA Guidelines (available at www.dir.ca.gov/DOSH)
2. LAC-DMH Illness & Injury Prevention Program Manual
3. LAC-DMH Policy 605.04, Violence and Threats of Violence by LAC-DMH Employees
4. [DMH Policy No. 500.48, County Property and Systems Access Clearance for Terminations and Interdepartmental Transfers](#)

ATTACHMENT (Hyperlink)

1. [Security Incident Report Form](#)

RESPONSIBLE PARTY

DMH Human Resources Bureau, Health and Safety Officer